

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/590,564-Conf. #8565
		Filing Date	May 7, 2007
		First Named Inventor	Dirk Salmon
		Examiner Name	V. Coolman
		Art Unit	3618
TOTAL AMOUNT OF PAYMENT		(\$)	470.00
		Attorney Docket No.	H0075.70115US00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES			Small Entity
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		52	26
Each independent claim over 3 (including Reissues)		220	110
Multiple dependent claims		390	195
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.			
- 20 or HP = _____ x _____ = _____			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.			
- 3 or HP = _____ x _____ = _____			

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____			
Fee Paid (\$)			
4. OTHER FEES (\$)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge):		2251 Extension for response within first month	65.00
		2801 Request for continued examination (RCE) (see 37 ...)	405.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	55,548
Name (Print/Type)	Shannon M. Vittengl	Telephone	617.646.8000
		Date	2/18/10

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: <u>2-18-10</u>	Electronic Signature for Marjorie A. DePina/ :/Marjorie A. DePina/